

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10/614715
DB2 / 468P2

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|-----------------|--------------|
| TOTAL CLAIMS | 30 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 30 - minus 20 = | * 10 |
| INDEPENDENT CLAIMS | 2 - minus 3 = | * 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 27 | Minus ** 30 | = |
| Independent | * 5 | Minus *** 3 | = 2 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 375.00 |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 750.00 |
| X\$18= | 180.00 |
| X84= | |
| +280= | |
| TOTAL | 930.00 |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$18= | |
| X84= | 400.00 |
| +280= | |
| TOTAL | 400.00 |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| RATE | ADDITIONAL FEE |
|--------|----------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL | |

EST AVAILABLE COPY

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Bennett et al.

Examiner: Jennifer L. Thissell

Serial No.: 10/614,715

Group No.: 3632

Filed: July 7, 2003

For: WIRE MESH CHAIR

Attorney Docket: DBZ-466P2

Confirmation No.: 7951

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

January 31, 2005

2 x 200 = \$ 400.00

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.
- ☐ Small Entity status is claimed.
☒ Other Than a Small Entity.
- The fee has been calculated as shown below:

| (Col. 1) | | | (Col. 2) | | (Col. 3) | | SMALL ENTITY | | LARGE ENTITY | |
|---|----------------------------------|-----------|---------------------------------|---------------|-----------|----------------|------------------------|--------------------------------|--------------|--|
| 02/08/2005 JLN | ANFORD 00000004-233000 | 10614715 | Highest No. Previously Paid For | Present Extra | Rate | Additional Fee | Rate | Additional Fee | | |
| 01 FC:1201 | 400.00 Remaining After Amendment | | | | | | | | | |
| TOTAL * | 27 | MINUS ** | 30 | 0 | x 9 | | x 18 | \$ 0.00 | | |
| INDEP. * | 5 | MINUS *** | 3 | 2 | x 44 | | 200 x 88 | 176.00 \$ 176.00 | | |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | +150 | | +300 | | | |
| | | | | | TOTAL FEE | | TOTAL FEE | \$ 176.00 | | |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ No additional fee for claims is required.4. ☐ Attached is a check in the sum of \$ _____.☒ Please charge my Deposit Account No. 23-3000 in the amount of \$ 176.00.

NOT AVAILABLE COPY

5. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

Complete (a) or (b) as applicable.

(a) Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

| Extension (months) | Fee for other than <u>small entity</u> | Fee for <u>small entity</u> |
|----------------------------|---|--------------------------------|
| <u> </u> one month | \$ 110.00 | \$ 55.00 |
| <u> </u> two months | \$ 430.00 | \$ 215.00 |
| <u> </u> three months | \$ 980.00 | \$ 490.00 |
| <u> </u> four months | \$1,530.00 | \$ 765.00 |
| <u> </u> five months | \$2,080.00 | \$ 1,040.00 |

 Attached is a check in the amount of \$ for the month extension fee as required by 37 C.F.R. § 1.17(c).

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

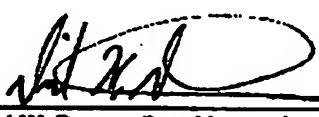
 An extension for months has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$.

OR

(b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.

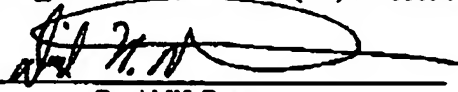
 X If any additional fee for claims or extension of time is required, charge Deposit Account No. 23-3000.

2700 Carew Tower
441 Vine Street
Cincinnati, Ohio 45202
(513) 241-2324 (voice)
(513) 241-6234 (fax)


David W. Dorton, Reg. No. 51,625

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence for Application No. 10/614,715 is being facsimile transmitted to Technology Center 3600 fax number (703) 872-9306 on January 31, 2005.


David W. Dorton
K:\USPTO\6234\Tamp\6234facsimile.epd

January 31, 2005
Date

BEST AVAILABLE COPY